Michigan Department of Community Health
Board of Dentistry
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

DCH/LDN-226 (12/04)

Board Use Only

APPLICATION FOR REEXAMINATION OF THE DENTAL SPECIALTY EXAMINATION

Authority: Public Act 368 of 1978, as amended

The fee for the entire exam is $300.00 or $100.00 per part. Upon receipt of the re-exam application and fee, you will be scheduled for the next available exam. This application and fee must be received in this office at least thirty (30) days prior to the date of the examination. **If this form is not completed, you will not be scheduled for the re-exam.**

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- ☐ Reexamination of Both Written & Clinical Exams - Fee: $300.00 71-2901-27
- ☐ Reexamination of Written Exam Only - Fee: $100.00 71-2901-27
- ☐ Reexamination of Oral Exam Only - Fee: $100.00 71-2901-27
- ☐ Reexamination of Clinical or Case Analysis Only - Fee: $100.00 71-2901-28

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

I AM APPLYING FOR REEXAMINATION FOR THE FOLLOWING REASON (Check One Only):

- ☐ I was not successful when I took the exam on (date) _____.
- ☐ I was absent from the exam on (date) _____.

First Name	Middle Name	Last Name

U.S. Social Security Number	Date of Birth	Previous MI Permanent I.D./License Number (If Applicable)

Street Address		

City	State	Zip Code

Signature of Applicant	Date

Please indicate which part of the Michigan examination you need to reschedule.

- ☐ **Endodontics**
  - ☐ Written Exam
  - ☐ Oral Exam/Case Histories
- ☐ **Orthodontics**
  - ☐ Written Exam
  - ☐ Clinical Exam
  - ☐ Oral Exam
- ☐ **Periodontics**
  - ☐ Written Exam
  - ☐ Oral Exam/Case Diagnosis
- ☐ **Oral Maxillofacial Surgery**
  - ☐ Written Exam
  - ☐ Oral Exam
- ☐ **Prosthodontics**
  - ☐ Written Exam
  - ☐ Oral Exam/Case Histories
- ☐ **Pediatric Dentistry**
  - ☐ Written Exam
  - ☐ Case Analysis
  - ☐ Oral Exam

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.